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## 09/890300 FILING DATE MULTIPLE DEPENDENT CLAIM **FEE CALCULATION SHEET** APPLICANT(S) (FOR USE WITH FORM PTO-875) CLAIMS AFTER 1st AMENDMENT AS FILED AFTER 2nd AMENDMENT IND. DEP. DEP. IND. DEP. IND. DEP. DEP. -16 19-20 -70 -88. TOTAL TOTAL OTAL DEP. TOTAL DEP. 的學級 SEAL OF SEAL O \* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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